

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK

In re
LEHMAN BROTHERS HOLDINGS INC., et al.,

Debtors

Chapter 11 Case No
08-13555 (JM P)

(Jointly Administered)

CLAIM TO BE DISALLOWED & EXPUNGED

Creditor Name and Address	Claim Number:	37668
YARNOZ DIEZ, ISABEL MARIA	Date Filed:	10/13/2009
CARLOS VII, 7 - 4º IZDA.	Debtor:	08-13555
PORTUGALETE - VIZCAYA, 48920 SPAIN.	Amount:	UNSECUR.\$ 84,906.00

Portugalete 10/21/2011

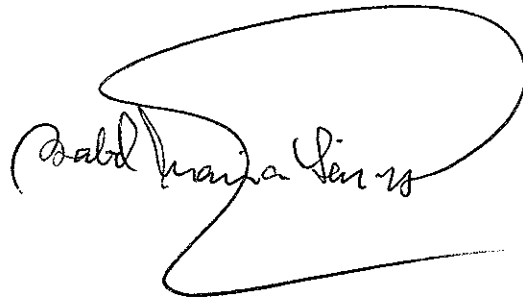
Dear Sir/Madam:

I am writing regarding the case listed above, to express my disagreement to the request of the Debtors (08-13555) to disallow & expunge my filed Prof. of claim N° 37668, using a Two Hundred Thirteenth (213) Omnibus Objection.

I consider, My claim must be entitled to the corresponding amount of the liquidation process, as it is a Preferred Securities underwriting, which is guaranteed by Lehman Brothers Holdings Inc.

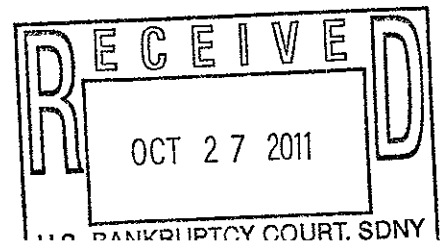
I enclose a copy of the claim submitted on 10/7/2009.

Yours sincerely,



YARNOZ DIEZ, ISABEL MARIA
Carlos VII, 7-4º Izda.
PORTUGALETE-VIZCAYA, 48920 SPAIN

Phone: (+34)944625585
Email: isabelyarnoz@gmail.com



United States Bankruptcy Court/Southern District of New York
Lehman Brothers Holdings Claims Processing Center
c/o Epiq Bankruptcy Solutions, LLC
FDR Station, P.O. Box 5076
New York, NY 10150-5076

LEHMAN SECURITIES PROGRAMS PROOF OF CLAIM

In Re: Chapter 11
Lehman Brothers Holdings Inc., et al., Case No. 08-13555 (JMP)
Debtors. (Jointly Administered)

Filed: USBC - Southern District of New York
Lehman Brothers Holdings Inc., Et Al.
08-13555 (JMP) 0000037668

Note: This form may not be used to file claims other than those based on Lehman Programs Securities as listed on <http://www.lehman-docket.com> as of July 17, 2009



Name and address of Creditor: (and name and address where notices should be sent if different from Creditor)

ISABEL MARIA YARNOZ DIEZ
Carlos VII, 7 - 4ª izda
48920 PORTUGALETE - VIZCAYA (SPAIN)

☐ Check this box to indicate that this claim amends a previously filed claim.

Court Claim Number: _____
(If known)

Filed on: _____

Telephone number: 34 944625585

Email Address: isabelvarnoz@gmail.com

Name and address where payment should be sent (if different from above)

☐ Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

Telephone number:

Email Address:

1. Provide the total amount of your claim based on Lehman Programs Securities. Your claim amount must be the amount owed under your Lehman Programs Securities as of September 15, 2008, whether you owned the Lehman Programs Securities on September 15, 2008 or acquired them thereafter, and whether such claim matured or became fixed or liquidated before or after September 15, 2008. The claim amount must be stated in United States dollars, using the exchange rate as applicable on September 15, 2008. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the claim amounts for each Lehman Programs Security to which this claim relates.

Amount of Claim: \$ 84.906, - (Required)

☐ Check this box if the amount of claim includes interest or other charges in addition to the principal amount due on the Lehman Programs Securities.

2. Provide the International Securities Identification Number (ISIN) for each Lehman Programs Security to which this claim relates. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the ISINs for the Lehman Programs Securities to which this claim relates.

International Securities Identification Number (ISIN): XS0282978666 (Required)

3. Provide the Clearstream Bank Blocking Number, a Euroclear Bank Electronic Reference Number, or other depository blocking reference number, as appropriate (each, a "Blocking Number") for each Lehman Programs Security for which you are filing a claim. You must acquire a Blocking Number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the Blocking Numbers for each Lehman Programs Security to which this claim relates.

Clearstream Bank Blocking Number, Euroclear Bank Electronic Instruction Reference Number and or other depository blocking reference number:

CA65596

(Required)

4. Provide the Clearstream Bank, Euroclear Bank or other depository participant account number related to your Lehman Programs Securities for which you are filing this claim. You must acquire the relevant Clearstream Bank, Euroclear Bank or other depository participant account number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). Beneficial holders should not provide their personal account numbers.

Accountholders Euroclear Bank, Clearstream Bank or Other Depository Participant Account Number:

17892

(Required)

5. Consent to Euroclear Bank, Clearstream Bank or Other Depository: By filing this claim, you consent to, and are deemed to have authorized, Euroclear Bank, Clearstream Bank or other depository to disclose your identity and holdings of Lehman Programs Securities to the Debtors for the purpose of reconciling claims and distributions.

Date:

07/10/2009

Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.

Isabel M. Yarnoz Díez

FOR COURT USE ONLY

FILED / RECEIVED

OCT 13 2009

EPIQ BANKRUPTCY SOLUTIONS, LLC

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

RTE.
YARNOZ DIEZ, ISABEL MARIA
Carlos VII, 7 - 4º IZDA.
PORTUGALETE (Vizcaya) - 48920
SPAIN

To
THE CHAMBERS OF THE HONORABLE
JAMES M. PECK
One Bowling GREEN
NEW YORK - NEW YORK 10004
(Court room 601)